

MR. Q. DIAZ GATES-NGUYEN
 ATTN: N. GARRUCHA T94013
 446 ALTA ROAD #7775738
 S.D., CA 92158-1219 LEGAL MAIL

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 NORTHERN DISTRICT OF CALIFORNIA
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'08 CV 0235 BTM POR

UNITED STATES DISTRICT COURT
 NORTHERN DISTRICT OF CALIFORNIA

Q. GATES DIAZ NGUYEN (Q5);
 N. GATES GARRUCHA-GALLEGO (Q4);
 N. G. GATES-GALLEGO (Q3); ET AL.

DIAZ; GATES; ET AL., Plaintiffs,

vs.

S.J. CARROLL; ET AL., Defendants,

CASE NO. 08 0042
 PRISONER'S **JSW (PR)**
 APPLICATION TO PROCEED
 IN FORMA PAUPERIS

I, Q. GATES DIAZ NGUYEN (Q5), declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes X No

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: \$1.00 PER YEAR + STOCKS Net: \$1.00 PER YEAR + STOCKS

Employer: MICROSOFT INVESTMENT CLUBS, INC.

MISSION IMPOSSIBLE CLUBS, INC. / MISSION IMPOSSIBLE COUNCIL (MIC)

If the answer is "no," state the date of last employment and the amount of the gross and net salary

1 and wages per month which you received. (If you are imprisoned, specify the last place of
2 employment prior to imprisonment.)

3 N/A

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6 2. Have you received, within the past twelve (12) months, any money from any of the following
7 sources:

- 8 a. Business, Profession or Yes ___ No X
9 self employment
10 b. Income from stocks, bonds, Yes ___ No X
11 or royalties?
12 c. Rent payments? Yes ___ No X
13 d. Pensions, annuities, or Yes ___ No X
14 life insurance payments?
15 e. Federal or State welfare payments, Yes ___ No X
16 Social Security or other govern-
17 ment source?

18 If the answer is "yes" to any of the above, describe each source of money and state the amount
19 received from each.

20 N/A

21
22 3. Are you married? Yes ___ No X

23 Spouse's Full Name: (WIFE WAS LOST AT KATRINA FLOODS IN 2005.)

24 Spouse's Place of Employment: N/A

25 Spouse's Monthly Salary, Wages or Income:

26 Gross \$ N/A Net \$ N/A

27 4. a. List amount you contribute to your spouse's support: \$ _____

28 b. List the persons other than your spouse who are dependent upon you for support

and indicate how much you contribute toward their support. (NOTE: For minor children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.)

N/A

5. Do you own or are you buying a home? Yes ___ No X

Estimated Market Value: \$ N/A Amount of Mortgage: \$ N/A

6. Do you own an automobile? Yes ___ No X

Make N/A Year N/A Model N/A

Is it financed? Yes ___ No X If so, Total due: \$ N/A

Monthly Payment: \$ N/A

7. Do you have a bank account? Yes ___ No X (Do not include account numbers.)

Name(s) and address(es) of bank: N/A

Present balance(s): \$ N/A

Do you own any cash? Yes ___ No X Amount: \$ _____

Do you have any other assets? (If "yes," provide a description of each asset and its estimated market value.) Yes ___ No X

8. What are your monthly expenses?

Rent: \$ N/A Utilities: N/A

Food: \$ N/A Clothing: N/A

Charge Accounts:

Name of Account	Monthly Payment	Total Owed on This Acct.
<u>N/A</u>	\$ _____	\$ _____
<u>N/A</u>	\$ _____	\$ _____
<u>N/A</u>	\$ _____	\$ _____

9. Do you have any other debts? (List current obligations, indicating amounts and to whom they are payable. Do not include account numbers.)

1
2
3 10. Does the complaint which you are seeking to file raise claims that have been presented in
4 other lawsuits? Yes ___ No X
5 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in which
6 they were filed.

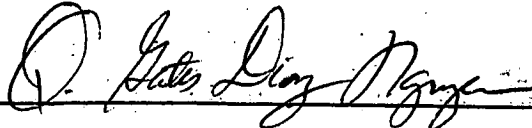
7 N/A
8

9 I consent to prison officials withdrawing from my trust account and paying to the court the
10 initial partial filing fee and all installment payments required by the court.

11 I declare under the penalty of perjury that the foregoing is true and correct and understand
12 that a false statement herein may result in the dismissal of my claims.

13
14 2007 SEPT. 5 WED.

15 DATE

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SIGNATURE OF APPLICANT

REPORT ID: TS3030

REPORT DATE: 08/01/07

PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS
R.J.DONOVAN CORR. FACILITY
INMATE TRUST ACCOUNTING SYSTEM
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: JUL. 01, 2007 THRU AUG. 01, 2007

ACCOUNT NUMBER : T94013 BED/CELL NUMBER: F2090000000306U
ACCOUNT NAME : GARRUCHA, NOEL GALLEGRO ACCOUNT TYPE: I
PRIVILEGE GROUP: U

TRUST ACCOUNT ACTIVITY

TRAN	DATE	CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
	07/01/2007		BEGINNING BALANCE					0.00
	07/17	DD30	CASH DEPOSIT	0270/HU		2.77		2.77
	07/26	W516	LEGAL COPY CH	0451/JUL07			0.40	2.37

* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 05/23/03 CASE NUMBER: SCD165856
COUNTY CODE: SD FINE AMOUNT: \$ 800.00

DATE	TRANS.	DESCRIPTION	TRANS. AMT.	BALANCE
07/01/2007		BEGINNING BALANCE		798.60
07/17/07	DR30	REST DED-CASH DEPOSIT	3.07-	795.53

* THIS STATEMENT DOES NOT REFLECT THE ADMINISTRATIVE FEE CHARGE THAT *
* IS EQUAL TO TEN PERCENT OF THE RESTITUTION AMOUNT COLLECTED. *

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	2.77	0.40	2.37	0.00	0.00
					CURRENT AVAILABLE BALANCE
					2.37